



## EXPLORATION DAYS – MSU EXTENSION SCHOLARSHIP REQUEST FORM

### RETURN TO:

Macomb County MSU Extension  
Attn: 4-H Department  
21885 Dunham Road, Suite 12  
Clinton Township, MI 48036

**BY:** *Exploration Days Registration Deadline*

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Age (as of December 31, of this year) \_\_\_\_\_

Club Name \_\_\_\_\_

Number of years in 4-H (not as a Cloversprout) \_\_\_\_\_

1. Is this your first time attending Exploration Days? \_\_\_\_\_

2. How many members of your family, including yourself, will be attending Exploration Days? \_\_\_\_\_

3. Would you be willing to give a post-experience presentation at the club, school, or County level to inform others about your experience? \_\_\_\_\_

4. Would you be able to attend Exploration Days **without** this scholarship? If no, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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